

ACCIDENT RELATED INFORMATION FORM

Patient Information (manually fill or apply label)

PHN:

MRN:

Encounter number:

Last Name:

First Name:

Date of Birth (dd-mmm-yyyy):

Gender: Female Male Undifferentiated Unknown

Accident Related Information

Accident Type: Burn (non-fire) Off road crash (eg. ATV, Mountain bike) Other transport crash (eg. air, water) Crush/Blunt Bite Electrocution Fall from height (includes push) Fall from same level (eg. trip and fall) Fire/Burn/Smoke inhalation Gunshot, fire-arm related Other Motor vehicle crash (on/alongside road) Near-drowning/Drowning/Submersion Pedal cycle crash (on/alongside road) Pedestrian struck by vehicle Unknown

Role (for motor vehicle accidents): Driver Passenger Unknown

Counterpart (for motor vehicle accidents): Motor vehicle Off-road vehicle Other Pedal cyclist Pedestrian Single (no counterpart) Stationary object

Accident Description:

Accident Location:

Accident Date (dd-mmm-yyyy):

Accident Time:

Sport (if applicable):

3rd Party Liability (for motor vehicle accidents) (Y/N):

Work Related Accident Information

Work Related? (Y/N):

Employer Name:

Employer Phone Number:

Employer Extension:

Employer email address:

Employer Address:

Recorded by:

Entered into Cerner by:

Instructions:

This form is to be used during a CST/Cerner downtime and must be completed along with a Downtime Facesheet for all Accident Related encounters registered during downtime. This completed form should stay with the unit along with a copy of the Downtime Facesheet for recovery of information after downtime. After the accident related information has been entered back into CST/Cerner, **forward this form to finance via interoffice mail to Revenue Services**